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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46979 (3)

1. Corporation Name
INSTITUTE FOR RESEARCH ON BOARDS OF DIRECTORS, I
NC.



Principal Place of Business: 2557 RINGLING BLVD, SARASOTA FL 34231
Mailing Address: 2557 RINGLING BLVD, SARASOTA FL 34237-6212

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0311016
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
INGRID C. NUTTER
240 N. WASHINGTON BLVD
SUITE 430
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: D
NAME: MICHAEL, PERLIS I
STREET ADDRESS: 2029 CENTURY PARK EAST
CITY-ST-ZIP: LOS ANGELES CA 90067
TITLE: D
NAME: ROY, PUTTEN V
STREET ADDRESS: 8200 HOPMEADOW ST
CITY-ST-ZIP: SIMSBURY CT 06070
TITLE: DV
NAME: RONALD FOUNTAIN
STREET ADDRESS: 2908 PAXTON RD
CITY-ST-ZIP: SHAKER HEIGHTS OH 44120
TITLE: PD
NAME: LESLIE LEVY
STREET ADDRESS: 2557 RINGLING BLVD
CITY-ST-ZIP: SARASOTA FL 34237
TITLE: S
NAME: DONALD SMUCKER
STREET ADDRESS: 1776 RINGLING BLVD
CITY-ST-ZIP: SARASOTA FL 34236
TITLE: ~~DS~~
NAME: ~~GERALD A. SIMON~~
STREET ADDRESS: ~~311 HIGH STREET~~
CITY-ST-ZIP: ~~CALISTOGA, CA~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: DS
1.3 STREET ADDRESS: GERALD A. SIMON
1.4 CITY-ST-ZIP: 311 HIGH STREET, CALISTOGA, CA. 94515
2.1 TITLE: D
2.2 NAME: JACK LOHNGS
2.3 STREET ADDRESS: SPENCERSTUART (retired), 39 Henry St.
2.4 CITY-ST-ZIP: TORONTO M5T 2W9, CANADA
3.1 TITLE: D
3.2 NAME: HON. FRED KAUFMAN
3.3 STREET ADDRESS: 70 ROSCHILL AVE (APT 70)
3.4 CITY-ST-ZIP: TORONTO, ONTARIO M4T 8W7, CANADA
4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY-ST-ZIP: Change Addition
5.1 TITLE: Change Addition
5.2 NAME: Change Addition
5.3 STREET ADDRESS: Change Addition
5.4 CITY-ST-ZIP: Change Addition
6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY-ST-ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie Levy SIGNATURE REQUIRED: _____ DATE: 2/20/97 DAYTIME PHONE: 941-362-3446

CR2E037 (9/96)